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Bib Data Sheet

CONFIRMATION NO. 6139

<b>SERIAL NUMBER</b> 09/937,126	<b>FILING DATE</b> 12/19/2001 <b>RULE</b>	<b>CLASS</b> 514 424	<b>GROUP ART UNIT</b> 1614	<b>ATTORNEY DOCKET NO.</b> 101195-63		
<b>APPLICANTS</b> Hans-Werner Heinrich, Riemserort, GERMANY; Hans-Jurgen Hahn, Karlsburg, GERMANY; Udo Meyer, Hastorf, GERMANY; Peter Kruschke, Greifswald, GERMANY; Heinz-Jurgen Wagner, Berlin, GERMANY;						
<b>** CONTINUING DATA *****</b> THIS APPLICATION IS A 371 OF PCT/DE00/00927 03/23/2000 <i>yes Louis</i>						
<b>** FOREIGN APPLICATIONS *****</b> GERMANY 199 13 707.2 03/26/1999 <i>yes Louis</i>						
** SMALL ENTITY **						
Foreign Priority claimed <input checked="" type="checkbox"/> yes <input type="checkbox"/> no 35 USC 119 (a-d) conditions met <input checked="" type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance Verified and Acknowledged	Examiner's Signature <i>Louis</i>	Initials	<b>STATE OR COUNTRY</b> GERMANY	<b>SHEETS DRAWING</b>	<b>TOTAL CLAIMS</b> 15	<b>INDEPENDENT CLAIMS</b> 1
<b>ADDRESS</b> Bruce S Londa Norris McLaughlin & Marcus 30th Floor 220 East 42nd Street New York, NY 10017						
<b>TITLE</b> Immunoabsorber for use in sepsis therapy						
<b>FILING FEE RECEIVED</b> 495	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:			<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit		